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BULLETIN

of the
**Mahoning
County
Medical
Society**

Vol. XIV No. 10
October 1944



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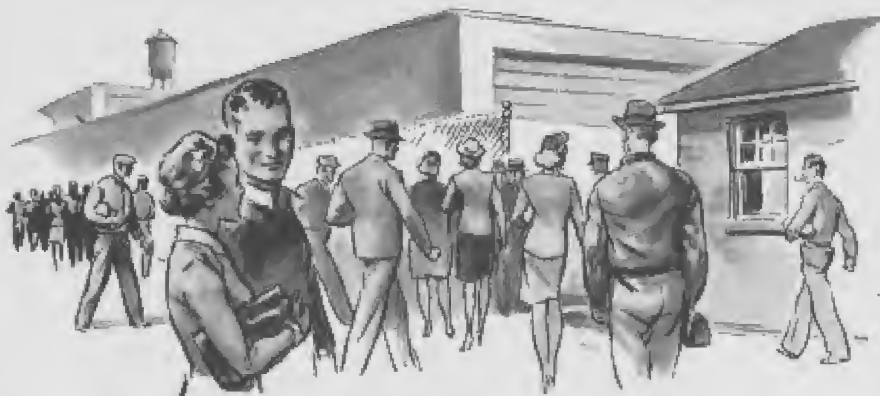
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PRESIDENT'S PAGE

The Medical Service Plan or plans of which we are attempting to make an issue this month may be of little importance or of great moment in the history of the Mahoning County Medical Society.

No doubt there will be differences of opinions, also dissensions, regarding the reasons and necessities for a medical service plan. This is to be expected. From a compilation of exceptions, projected into fitting places in our tentative plan may evolve a most efficient code of procedure. Our society at this time has no definitely accepted plan. Considerable work and concerted study has been done by Dr. Paul Mahar and his committee on medical service plans. Personal investigations have been made and continued progress has been reported by the committee members who now feel that acceptance or rejection by the Society in general is the next order of procedure.

Reasons pro and con may be numerous and varied. Some may argue that we as doctors should always maintain our mien as doctors and not delve into the realm of business and finance. However, there is the great principle of economics here involved and the issue may be forced somehow—sometime.

Since medical service plans are operating successfully in different parts of the country and in our own state it may eventually devolve upon us to have some form of low cost medical service plan. It may be far wiser to have our own plan rather than to have one thrust upon us locally by industries, unions, insurance companies or perhaps nationally, subsidized by our federal government. We should by all means have some plan ready to be put in force when the occasion and real necessity arises.

It is not within the province of my office to dictate the policies or proclaim the necessity of a medical service plan. I am attempting to interest you in what would seem to be the ultimate outcome of medical care problems in low and moderate income groups to the extent of having a plan dictated by you rather than to you.

For the reason of discussion of this subject we are holding a special meeting of the Society at the Nurses Home, South Side Unit, Youngstown Hospital, October 24th, at 8:30 P.M.

E. H. NAGEL, M. D.

President.

Editorials---

Home Talent

Maybe there has been a home talent program not so hot. Anything flops sometimes. Roosevelt will guess wrong yet. If he keeps running. Only exception to these generalities is our Home Talent. Naturally OUR home talent delivers.

Have you forgotten? McNamara, Brant, and Collier have been before us many times and have always rung the bell.

This month these gentlemen will please you and make you again proud to say they're our fellow members. We miss our friends from "off" but there is something nice about hobnobbing every day with bigness. So expect our speakers to look about as they always do—but you will get a load of the real scientific McCoy when they speak to you this month.

Halls of Montezuma

Where are the Halls of Montezuma? We've always wondered! It's where the Marines are or have been "from." Maybe they're where the pretty girls are; but where are the pretty girls? Oh, that's easy; they're where the marines are; Ergo and Presto,—the problem's solved! So we'll now rest easy—that question being settled!

But where's the A.M.A.? They are still writing platforms — to "stand" on! And they "stand" on 'em! Good old "Stone Wall A. M. A.!"

Nobody questions idealism, and nobody doubts Stone Wall's Idealism. But lots of people wonder if Stone Wall needs a "Committee"! It may just be that if we get listed as a commercial bunch we'll have to pay taxes. But surely so does our "Committee." Vast quantities are

being collected and lots of good paper is being distributed. But who "elects" the "Committee,"—who collects and spends all this? And how, if we do dodge taxes that way, How do we do it?

Bless Goodness, who can answer? Can you? In other words is the A.M.A. off somewhere "from" the Halls of Montezuma?

Groove or Rut?

They tell us that to make things go we ought to get into the "groove." That seems to mean that we should "go along." That's supposed to mean unity. But when is a groove not a groove? Answer; When it gets to be a rut, perhaps. And does a lot of grooving lead to rutting? Oh, my Goodness!

It all goes to show that a good thing may in time lead to bad results. Just how much of a good thing is enough to lead to bad results?

Only one thing seems right now worthy of our energies: Get those Japs and Germs in hot steam under autoclave pressure, very, very quickly if possible!

It is so hard to be patient and at the same time as mad as a mad hatter. So, why be that patient!

"Courage and Devotion Beyond the Call of Duty"

Through the cooperation of Mead Johnson & Company, \$40,000 in War Bonds are being offered to physician-artists (both in civilian and in military service) for art works best illustrating the above title.

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CLINICAL ASPECTS OF BIOCHEMICAL DISTURBANCES IN SURGICAL PATIENTS

By FREDERICK R. MAUTZ, M. D., Department of Surgery of Western Reserve
University and University Hospitals of Cleveland, Cleveland, Ohio
(Delivered before the Society last month.)

During the last decade we have seen important changes in many of the details of the preoperative, operative, and postoperative management of surgical patients. The gradual elaboration of the facts of surgical shock in the preceding decades appears to be an important factor in initiating these changes. It has been established that (1) decreasing blood volume followed by (2) diminished peripheral circulation and tissue hypoxia associated with (3) local and possibly diffuse capillary damage creates a vicious cycle that may readily pass beyond the stage of reversibility leading to death. Many solutions have become available for parenteral administration with greater use of intravenous routes with the advent of pyrogen free solutions. Various solutions of dextrose and saline singly and in combination with and without sodium lactate, citrated whole blood and blood plasma, lyophilized plasma, various so-called blood substitutes, etc., have become available for restoring deficiencies in the plasma volume. Furthermore gastric siphonage has been replaced by the constant gastric suction of Wangensteen and small intestinal decompression by means of the Miller-Abbott tube—adding to the problem of restoring water and electrolytes lost via the gastro-intestinal tract as well as offering the solution to some of the problems of gastric dilatation and small bowel distention.

There is the constant problem in the seriously ill patient to know what, when, how much, and how rapidly to administer in the way of replacement therapy. Empirical rules have been devised for quantitating the replacement of blood, plasma, sodium chloride, water, and some of these rules have been subsequently

retracted by their inventors as being extremely dangerous under certain circumstances. As one tries to master the problem, the only logical approach appears to be via a more complete understanding of the physiology of the body fluids in health and disease. Many workers in many fields have contributed to a clearer understanding of the major problems, especially during the last decade.

Of the total body weight 70% represents water solutions of various crystalloids and colloids. After removal of all fluids there would remain 30% of dry solids. The fluid is sharply divided into three compartments by the capillary and cell membranes. The vascular compartment contains approximately 5% of the body weight as blood plasma. The interstitial compartment lying between the vascular system and the cells represents approximately 15% of the body weight as interstitial fluid.

These two compartments are frequently grouped together as the extracellular fluid, the only significant difference in composition being the plasma protein content of the vascular fluid. The remaining intracellular fluid represents 50% of the body weight. Space does not permit a detailed discussion of the compensatory exchanges between the various compartments. As to the electrolytes of the extracellular fluid, the principal base is sodium normally in a concentration 140 milli equivalents per liter, while the principal acid ions are chloride 105, bicarbonate 25, and protein 16. The intracellular fluid has a quite different composition since the principal base is potassium, being present ten times the amount of sodium, and the principal acid

radicals are phosphate and proteins with no chloride entering the cells from the extracellular fluid. It is interesting that administration of the synthetic hormone of the adrenal cortex causes replacement of intracellular potassium by sodium. It is furthermore apparent that the appearance of increased potassium in the extracellular fluid is an indication of extensive cell destruction and release of intracellular fluid.

Simple dehydration is the result of water loss, by evaporation with little loss of sodium chloride. This rarely presents a clinical problem. Extracellular dehydration is a common clinical problem and may progress to a shock-like state with anuria. This is commonly the result of abnormal loss of gastrointestinal secretions as in constant gastric suction without adequate sodium chloride replacement, vomiting of obstruction, intestinal or biliary fistula, or diarrhea. Extracellular fluid volume diminishes with a later fall in electrolyte concentration. There is concentration of blood cells and plasma proteins. The plasma chloride concentration falls, but is partly compensated by retention of carbon dioxide as bicarbonate. Patients with severe extracellular dehydration are poor surgical risks, and whenever possible the dehydration should be corrected by saline administration before an operation is undertaken. Correction is attained when the hematocrit, plasma chlorides, carbon dioxide, and proteins are restored to normal, and the peripheral circulation and renal function show return to normal. It sometimes requires from twelve to twenty-four hours to accomplish this in severe extracellular dehydration exhibiting the shock syndrome.

The plasma proteins are extremely important in the body economy. The plasma proteins normally vary between six to eight grams per 100 cc. Albumin is normally present in greater amount from 3.5 to 4.5

grams per 100 cc while the globulin normally varies from 1.5 to 3.4 grams per 100 cc. The albumin is a much smaller molecule and per gram creates four times as much osmotic pressure as the globulin. Since there is more albumin normally, the albumin accounts for seven times as much of the colloid osmotic pressure of the plasma as compared to the globulin. The several globulin fractions have been separated most clearly by the method of electrophoresis of Tiselius and have been designated as the alpha, beta, phi, and gamma fractions. The alpha and beta fractions do not appear to be well understood. The phi fraction represents the fibrinogen which is apparently exclusively formed in the liver, and the extremely important gamma fraction contains the antibodies. When plasma protein is removed from the circulation new protein reappears to take its place. It has been shown that in the normal nutritional state readily available protein stores exist in the body, principally in the liver for replacing plasma protein. The exact size of this store can not be measured with any great degree of precision but probably represents an amount two to three times the normal circulating plasma proteins. When this reserve store becomes depleted, the concentration of protein in the plasma falls, though there is still much protein left in the body. The only way plasma protein can be replaced in a protein depleted individual is by (1) protein in the diet, (2) injected plasma, or (3) injected amino acids.

As pointed out by Whipple, Weech, Cannon, and others the hypoproteinemic individual is a sick individual unable to resist infection or to heal wounds. Due to the low osmotic pressure interstitial fluid increases in amount and renal function is reduced leading to nutritional edema. It is interesting to note that H. O. Studley in 1936 was perhaps the first to clearly demonstrate the

presence of a nutritional factor in recovery from operation by studying the mortality from gastric resection in University Hospitals of Cleveland in relation to preoperative weight loss. He found a ten fold increase in the mortality in a group of patients losing in excess of 20% of their body weight as compared with those losing less than 20% of their body weight. Unfortunately plasma protein studies were rarely done at the time this group of patients was hospitalized.

The reason post-operative starvation has been well tolerated in acute cases obviously is that their reserve store of available protein is generally sufficient to carry them until feeding is resumed, but even in these cases gradual lowering of the plasma proteins occurs with retention of fluid. With resumption of normal alimentation a rapid rise of plasma protein levels occurs, globulin generally rising more rapidly than the albumin. This process is associated with diuresis.

The practical question is raised as to how to estimate the degree of protein depletion in a surgical patient. If the plasma protein levels are below normal, this is definite evidence. However, it seems that some rather seriously depleted individuals may have normal plasma protein concentrations. This may represent a combination of extracellular dehydration and hypoproteinemia. It is probable that in these individuals the plasma volume, and thus the total circulating plasma proteins, is below normal. However, as yet no good method of plasma volume determination is available for general clinical use. Even if plasma volume could be easily measured there is such a great variation in normal values that a single determination on a patient would give no reliable information as to the degree of depletion.

For practical purposes any patient that has lost weight prior to an oper-

ation must be considered potentially depleted of protein reserves. Surgical condition in which the patient frequently shows protein depletion are carcinoma of the stomach, colon as well as other malignancies, peptic ulcer, carcinoma of the esophagus, severe burns in their later stages, severe chronic infections such as ulcerative colitis, etc.

Recovery from the protein depleted state is not abrupt but gradual. It is preferable to restore protein reserves by preoperative feeding. This raises the question as to the most favorable diet for preoperative preparation and also for early post-operative feeding. Also the efficacy of plasma administration and intravenous amino acid administration as substitutes for feeding.

Assays of the convertibility of various food proteins into plasma proteins have shown a marked difference in quality. To quote from a review of animal experiments summarized by Madden and Whipple.

"Per unit of protein fed, beef serum will favor the production of three times as much plasma protein as beef heart and more than five times as much as beef stomach." It has also been found that beef serum is seven to fifteen times as effective as gelatine in terms of plasma protein regeneration. Experiments with dried beef serum as a food have been carried out at University Hospitals of Cleveland on a considerable series of protein depleted patients with good results as viewed by the restoration of plasma protein levels and the ability of the patients to withstand long, extensive, operative procedures without showing postoperative pneumonias or disturbances of wound healing. These studies have not as yet passed beyond the experimental stage.

However, milk proteins rank high in their ability to produce plasma proteins and offer an excellent source of supplementary protein for clinical

use in various forms such as whole milk, skim milk, and as dried skim milk of which there are several commercial preparations. The latter can be used in concentrated form to fortify whole milk, custards, puddings, etc. A pure protein does not appear to be an ideal food either as to palatability or physiological effects. Large amounts of pure proteins cause nausea, vomiting, diarrhea. Carbohydrates is essential to make the diet palatable and more readily tolerated by the gastro-intestinal tract. It is well known that carbohydrate alone has a sparing action on body proteins, and the administration of dextrose during a period of starvation will greatly protect dwindling protein stores.

Others have suggested the ideal diet for correction of hypoproteinemia to be 25% protein, 70% carbohydrate, and 5% fat, and I have no better recommendations—except again to emphasize the qualitative difference between proteins.

In some cases particularly of esophageal and pyloric obstruction, preoperative feeding is impossible. Here, preliminary jejunostomy may be the solution, although after many years of use this has not been a very popular procedure. There are two reasons for this. First, there is a high incidence of small bowel obstruction following this procedure due to adhesion of small intestinal loops at the site of the jejunostomy. This is purely a technical problem and should be surmountable. Second, with the elimination of the pyloroduodenal mechanism for regulating the composition of the gastrointestinal contents admitted to the jejunum, difficulties are encountered due to the osmotic properties and rate of administration of the jejunal pabulum. It is probable that the ideal jejunal pabulum has not yet been produced. However, experimental studies with fresh beef serum or with redissolved powdered beef serum in 5 to 7% solution offer the hope that

a method of jejunal feeding can be devised that will correct severe nutritional hypoproteinemia in from eight to ten days.

The question of correcting hypoproteinemia by the intravenous administration of large amounts of human plasma is of importance when for any reason the necessary time cannot be taken to properly feed the patient. It has been shown that animals can be maintained in nitrogen equilibrium by intravenous plasma administration, and that there is an ebb and flow between plasma proteins and other body proteins. For the adult human large amounts of plasma in excess of 1000 cc daily would be necessary to maintain complete equilibrium, but lesser amounts may be of considerable value.

Amino acids as yet are in the stage of experimentation, and it appears doubtful whether in the seriously depleted individual protein synthesis can be rapid enough to be of great value.

Another type of chemical disturbance of great importance occurs in operations in which an open pneumothorax is necessary for a considerable length of time. In such instances there frequently is a mild degree of respiratory insufficiency which is augmented by drugs and anesthetic agents that depress the respiratory center. This leads first to retention of carbonic acid and only later to definite signs of anoxia. The carbonic acid acidosis is an initiating factor in the production of surgical shock, which has been a major hazard particularly in such operations in resections of the thoracic esophagus. To prevent these changes mechanical hyperventilation carried just to the point of apnea offers considerable promise as an aid in open pneumothorax surgery.

The surgical management of carcinoma of the lower esophagus requires the maximum employment of our biochemical information in order to attain success. First, protein de-

pletion is corrected by jejunostomy and jejunal feeding. In the second place, controlled breathing by intermittent positive pressure enables the transpleural resection of the lower esophagus with esophago-gastrostomy without the added risk of respiratory difficulties. Finally sulfa drugs and penicillin unquestionably aid in preventing or minimizing postoperative infection.

In conclusion a brief word should be said about laboratory studies. Just

as the BMR is valuable in following hyperthyroidism, so plasma proteins and albumin globulin fractionations are valuable in estimating protein depletion. Serial determinations of the hematocrit, plasma proteins, and chlorides and most important of all, careful observations of urinary output offer important information as to the biochemical state of the body fluids. Minimizing deviations from normal insures smooth postoperative recovery.

RESPONSIBILITIES OF MEDICAL LEADERSHIP

By F. L. FEIERABEND, M. D., Kansas City, Missouri

(Presented at the St. Louis Medical Society under the auspices of the Section on Medical Economics, May 16, 1944. —Weekly Bulletin of the St. Louis Medical Society.)

Some time ago in Kansas City a meeting was held by a group of doctors and our guest was Dr. Parran, Surgeon General of the United States Public Health Service. Dr. Parran gave us an interesting discussion and following which some of the doctors asked him certain questions. Dr. Parran was asked, "Do you favor socialization of medicine?" answer, "No." "Were you consulted in the development of the Wagner Act?" answer, "No." "Do you intend to administer the Wagner Act if it becomes a law?" answer, "Yes, if this becomes a law then it becomes my responsibility to administer it as it is written and it will be an order upon me by the Congress of the United States. As a doctor I do not favor the socialization of medicine but I will say to you, what is your program?" This to me is a responsibility it is being checked squarely to the medical profession. Dr. Parran does not favor the socialization of medicine but he recognizes that there is a responsibility upon the medical profession to provide medical care for people at a price that they can afford, and to provide plans whereby they can budget the cost on a non-profit basis. This is a responsibility of the medical profession and Dr. Parran has said to us, "What is your program?"

In February, 1944, I was privileged to listen to the honorable Dr. Walter Judd, Congressman from Minnesota. Dr. Judd was addressing the doctors at the National Conference on Medical Economics in Chicago. He was introduced by a fellow Minnesotian. This doctor who introduced Dr. Judd told them of the very fine things which Dr. Judd has done in the past and said, "I can say to you that first, last and always Walter Judd is a doctor." Dr. Judd then took the speaker's stand and turned to the president who introduced him and said, "Mr. President, it becomes necessary that I change certain of the statements which you have made in your introduction. I appreciate all of the nice things that you have said but there is one thing that is in error. You stated that first I am a doctor. That is not entirely correct. First I am a citizen." I was profoundly impressed with this statement by Dr. Judd. Dr. Judd realizes that he has responsibilities as a doctor but he stated that his responsibilities as a citizen supersede those that he has as a doctor. All of us as doctors have responsibilities as citizens. I am of the opinion that our responsibilities as citizens supersede those that we have as doctors. Dr. Judd stated that the reason he was in Washington was

OCTOBER MEETING

DISCUSSION CONCERNING CANCER

By

A. E. BRANT, M. D.

W. D. COLLIER, M. D.

F. W. McNAMARA, M. D.

Tuesday, October 17th—8:30 P. M.

Youngstown Club

IMPORTANT MEETING

It is important that every member be present to discuss
and vote on a

MEDICAL SERVICE PLAN

Tuesday Evening, October 24th

Auditorium of the Nurses Home, South Side Unit,

Youngstown Hospital

(Entrance on Francis Street)

that in his opinion he could do more good in Washington than he could in the practice of medicine at this time. There is a very definite need for outstanding, straight-thinking citizens in Washington today. I think every one will agree with that statement. Among other things Dr. Judd said to us, "The Wagner Act in its present form will not pass but it is your last chance." Here again the responsibility is being checked squarely to the medical profession. What are we going to do about it? A good many doctors of the rugged individualist type still maintain that there is nothing wrong with the practice of medicine and that we should not pay any attention to certain demands that are made upon us by the public. I agree very readily that there is little or nothing wrong with the quality of the practice of medicine today. The only difficulty is that many people cannot afford to obtain high quality medicine and surgery and hospital care without being provided the opportunity to budget the costs of this care. The time has arrived when organized medicine cannot, like the ostrich, bury its head in the sand and refuse to recognize the problems confronting it. I say to you that we must accept this responsibility and discharge our duty to these problems or the responsibility will be accepted by non-medical persons and we will have socialized medicine crammed down our throats whether we like it or whether we do not.

Medicine today faces a crisis. I think it faces a crisis greater than any crisis it has ever faced since the beginning of time. We in organized medicine today have an enormous responsibility not only to the priceless heritage which we must defend but also a responsibility to our brothers who are in the armed forces fighting our battles. When these men went away to fight our battles they left with us a practice of medicine that they enjoyed and one to which they wanted to return. Are we going

to neglect our responsibility and permit this priceless heritage to slip through our fingers so that when our brothers return we will have to stand up and say to them, "I failed you." I for one do not care to do that because I do not have sufficient courage in my heart to stand up and say to a man who has been fighting my battles that I failed him while he was gone.

What is our priceless heritage? We as doctors enjoy certain privileges by virtue of being a doctor of medicine. If we expect to enjoy these privileges we must accept the responsibilities that necessarily go along with each one of these privileges. We today enjoy a vast amount of knowledge. We use that knowledge for the help of people. That knowledge does not belong to us individually but it belongs to medicine as a whole. I say to you that you and I individually have accomplished little or nothing in the practice of medicine. If it were not for the fact that many of our brothers who have gone before us had taken the time to put down in print and also to tell us by word of mouth the various results of investigations and various cures that had been accomplished, you and I would know very little about the practice of medicine. All of this information does not belong to us but it belongs to medicine as a whole and the results of the accomplishments that are derived from the use of this information belongs to the people as a whole and not to us to exploit. This is what I mean by the priceless heritage. It is our responsibility to defend it and we must avail ourselves of all the necessary instruments incident to its defense and the maintaining of our position. One of the instruments that is absolutely essential to the defense of our position and the maintenance of the priceless heritage is providing medical and surgical service plans whereby people can pay for their catastrophic medical, surgical and hospital

(Continued on Page 289)

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control we certainly should be qualified as fools.

Since my original theme was to discuss responsibilities of medical leadership, I would like now to engage in a discussion of the difference between civil law and natural law and then discuss briefly certain responsibilities. There is a vast difference between Civil Law and Natural Law. The level of Natural Law is always much higher than the level of Civil Law. (If a person does not violate a Natural Law he will never violate a Civil Law.) Civil Law is man made and therefore can be no better than its origin. Since there never yet has been a perfect man then there never yet has been a perfect Civil Law. Many of our Civil Laws have been found wanting and have been discarded as bad. Civil Law is usually developed to meet the exigencies of the times and when those exigencies disappear the law usually disappears with it. We had a law which denied the right to own or transport wildlife penalties. The law does not exist now. Obviously this law could not have been right twenty-five years ago and be wrong today. The facts never change. The exigencies of the times and customs have changed and therefore the law has changed. Natural Law has never made any such a change because Natural Law has never changed since the beginning of Christianity and will never change until the end of time.

Natural Law must of necessity be absolutely correct because Natural Law is founded by God. Either Natural Law cannot be in error or Christianity is a humbug. and God is a faker. Inasmuch as I am unwilling to admit that Christianity is a humbug and God is a faker then I must admit that Natural Law cannot be in error. Civil Law always has a penalty attached. Natural Law never has a penalty attached but the penalty is always inferred and, regardless of how we act, if we violate a Natural

(Continued from Page 283)

Responsibilities of Medical

needs on a budgeted non-profit basis. This I am convinced is one of the most important things which we must do and it is the doctor's responsibility to provide this for the people; and I say to you that if we do not provide it the social planners will provide it and God help the people and God help the doctors if such a plan comes to pass.

Even today a good many doctors say there is no need for such a plan. They say there is nothing wrong with medicine and they will tell you that they do not know of any one who is not receiving the proper kind of the medical care. I say to such doctors that they are either blind or entirely ignorant, and out of charity I am going to assume that the former is true. Recently the National Physicians Committee conducted a survey as to the needs in the practice of medicine. This survey was conducted by the Opinion Research Corporation of Princeton, New Jersey. In this survey it was learned that sixty-three per cent of the people in the United States want a plan whereby they can budget their catastrophic medical, surgical and hospital costs. Only five per cent wanted a plan whereby they can budget their ordinary small medical costs. Certainly, after such a roundung information from an opinion derived from the people of the United States it is difficult to understand how any doctor can say there is no need for such a plan. In this country the majority of the people get what they want or an organized minority will get what it wants. Many times the things that they want and get are not good for them but regardless of that fact when a majority of the people in the United States want something they usually get it. I say to the doctors of the United States that since all of these things are absolutely certain and true if we do not provide this plan and retain

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ual background because I could not understand how any person could write such splendid documents as our Declaration of Independence and our Constitution without having a fine spiritual background. All of the thoughts and the teachings that are in our Declaration of Independence and in our Constitution are taken directly from Christianity and are the teachings of Christ.

It is tremendously interesting to note the very close similarity between the Declaration of Independence and

the doctrine that was preached by Cardinal Bellarmine in 1576. I will now quote certain sections of the Declaration of Independence, written in 1776, and excerpts of the works of

Cardinal Bellarmine in 1576. Please note the similarity and almost exact wording. This to me proves that the men who wrote our Declaration of Independence had a very fine spiritual background because the documents which they produced are almost identical with the doctrine that was developed by Cardinal Bellarmine and his doctrine was based on the teachings of St. Thomas and St. Paul, and the originator of all of this work is the originator of Christianity, or Christ himself.

Cardinal Robert Bellarmine

1576

"All men are equal, not in wisdom or in grace, but in the essence and nature of mankind."
"Political right is from God and necessarily inherent in the nature of man."

"It is impossible for men to live together without someone to care for the common good. Men must be governed by someone less they be willing to perish."

"It depends upon the consent of the multitude to constitute over itself a king, consul or other magistrate. This power is indeed from God but vested in a particular ruler by the council and election of men."

Law we are bound to pay the price of that violation. That is as certain as life and death and no human being can avoid the penalty which is inflicted in the violation of any Natural Law.

Since all of these things are absolutely true, then it is infinitely wiser to observe natural law than to violate it. By observing the natural law, one will reap enormous benefits; in violating it, a tremendous price is exacted. It would not seem to require a great deal of intelligence to choose the wiser course.

I now would like to go back to 1776. All of us honor and revere the founders of our country. Every one admits that those individuals who developed the Declaration of Independence and the Constitution of the United States were very unusual and highly intelligent men. I have often wondered about the background of these men who were the founders of these marvelous instruments. I have investigated part of this background. I have found that all of these men were not only highly intelligent but they all had a very fine spiritual background. I would have been very much disappointed had I learned that these men did not have a fine spirit-

Declaration of Independence

1776

"All men are created equal; they are endowed by their Creator with certain inalienable rights."

"To secure these rights governments are instituted among men."

"Governments are instituted among men deriving their just powers from the consent of the governed."

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usually react in about the same way. To illustrate, if you wave a red flag in a bull's face he will usually charge you. If you wave a red flag in a man's face he may smile, he may charge you, he may turn and walk away and no one is able to predict exactly what he will do.

Since, however, man is important and has a soul, all of the rights have been given to him and have not been given to the State. Now this was recognized by the founders of our country. They did not, however, go into all of the details of Natural Law and tell us all of the things that are necessary if we are to retain these rights. They merely called our attention to the fact that we have certain rights and they are given to us by God. I have elected to refer to these rights as privileges because that is exactly what they are. These men who wrote the Constitution and the Declaration of Independence assumed that those who came after them would be intelligent individuals and it would not be necessary to give all of the explanation such as certain of the newspaper headline writers give. Recently a headline was called to my attention. This headline stated, "Headless Body Found." Immediately below this was stated, "Police Suspect Foul Play."

Now you see the headline writers leave nothing to our imagination and that is necessary because a good many of the people that read the newspapers are not possessed with a very high degree of intelligence. Those who wrote our Declaration of Independence, however, expected the people to have a high degree of intelligence and therefore did not go into all of the explanation.

These rights and privileges called to our attention in the Declaration of Independence and the Constitution, however, carry with them a responsibility. One Natural Law is, "Every right and privilege carries with it its commensurate responsibility." That is one of the Natural Laws. If you neglect the responsibility you will lose

You will note that these men said that, "All men are created equal and endowed by their Creator with certain inalienable rights." They did not say endowed by their State, and they did not say endowed by some bureaucrat, and they did not say endowed by some dictator; but they said endowed by their Creator. These men recognize that all rights come from God and do not come from the State. The State has no rights except those that are given to it by man. This is a little different thought than that which is taken unto themselves by certain of our bureaucrats who are now in power. This, however, of necessity must be true. The reason that it is true is because man is immortal and has a soul and is therefore important. The State is mortal and has no soul and must of necessity die and be forgotten as many states have in the past.

Not so long ago I heard a discussion in which certain people thought that there would be a good deal of objection to referring to man as an animal. They thought that the Church would object to this. There is no objection to this because man not only is like an animal, he is an animal. This is very frankly admitted by the Church. There is one outstanding difference between an animal and man, however. Man is an animal who has a soul and all other animals have no soul. As a result of this man is rational and unpredictable, and an animal is irrational and predictable. Let me explain what I mean by this. Man is given a free will and therefore has the right to do as he pleases. What he does is not always necessarily right but since God has given him a free will he is permitted to do as he pleases. Therefore under a certain given set of circumstances no one knows what sort of reaction man will give. Animals, however, do not have a free will and therefore are not permitted to do as they please. Under a certain given set of circumstances an animal will

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D-Day morning, the mail orderly handed me a letter from Western Reserve Academy. In it was an invitation to a commencement which had occurred a week before and a picture of the chapel. For a brief moment I forgot the present and was a student again, thinking only of Virgil and the coming dance. I looked at the chapel a little more closely and recalled that within its

laid the table!"
Waitress: "Don't ask me. I only
these eggs?"
Collegian: "What's wrong with
I ONLY WORK HERE

This boy, like our boy, loves God, America, and us. Secretly, alone, may we join his prayer for "a better world for those who are to follow?"

Alfred L. Rideout.

Respectfully yours,

I love.
In closing, I want to restate my appreciation for the inspiration from Reserve and assure you that until I can again walk upon the campus in peace, I will carry the little picture of the chapel which is the symbol of everything that is fine in the land

I like to think that in a small and humble way history was repeating itself, and that we of Reserve who have prayed before that cross and are now engaged in the greatest of all conflicts will someday find a better world for those who will follow.

ancient walls there was a cross. Before this cross, Columbus had knelt to pray before his embarkation upon a journey whose end revealed a great new world.

and cram it down our throats. In neglecting our responsibilities under Natural Law we are actually begging for some one to cram socialized medicine down our throats whether we like it or whether we do not. This is a responsibility of the medical profession as a whole, and I say to you if we neglect this responsibility we are inviting chaos into the practice of medicine and we will lose all of this priceless heritage to which I have referred. Not only that, the people of the United States will have a very bad brand of the practice of medicine and they also will pay a tremendous price for our sins of neglect.

Fellows, May We Not Pray With Our Boy?

May we, who per chance remember that our most dear, most beloved, who are "young and never, never think," join this boy, who is really as our boy?

514 Ftr. Bomber Squadron
406 Bomber Group,
APO 141 c/o Postmaster
New York City, N. Y.
13 June, 1944.

I say to you as members of the medical profession that it is our responsibility to provide medical and surgical service plans and if we neglect this responsibility we are going to pay a tremendous price and we are actually asking the social planner and the bureaucrats to provide this for us

the privilege just as sure as fate. That is a Natural Law and any time it is violated the violator must of necessity pay the penalty. That is absolutely true because that law is based upon Christianity and was founded by Christ himself and therefore any person who does not recognize that law and elects to violate it will pay a terrible price.

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FROM OUR DOCTORS IN THE SERVICE

Doctors are earnestly requested to write the Bulletin of their activities and by all means CHANGE OF ADDRESS. Let's help keep the good work up.

SINCE LAST MONTH—

Dr. and Mrs. John H. Thomas of Cambridge, Mass., formerly of Poland, Ohio, announce the birth of a son, John Franklin, at the Richardson House of the Boston Ly-ing In Hospital on September 5th. Dr. Thomas who formerly practiced medicine in Poland, is now resident surgeon at the Massachusetts Eye and Ear Infirmary, Boston, where he is specializing in Eye, Ear, Nose and Throat.

Dr. and Mrs. Armin Elsassser spent a short visit with Miss Laura Wick at Manchester, Mass.

Lt. Comm. J. L. Fisher, M.C., USNR, was home on a short leave before being transferred to sea duty, after having been stationed for four months at Camp Endicott, Davisville, R. I. Visiting Lt. Comm. Fisher and Mrs. Fisher over the week end at their home in Forest Glen was their son and daughter-in-law, Mr. and Mrs. James L. Fisher, Jr., of Akron, and their son, James L. Fisher III.

Dr. and Mrs. E. C. Mylott and their daughter, Mary Morris, have returned from a vacation along Lake Erie.

Lt. Col. John E. L. Keyes, of Fort Lewis, Wash., spent some time visiting friends in this city and Cleveland recently.

September 17, 1944

Just a short note to let you know I'm receiving the Bulletin every month. Also that I now have a new APO 704. It's great to receive it regularly and I read it through thoroughly.

I haven't seen any Youngstown men since leaving Decicco at Finnschhafen, but have met several of my classmates from Jefferson while traveling around here in Dutch New Guinea. Just having gotten accustomed to the English pounds and shilling it's interesting to learn the Netherlands East Indies currency. The Natives here are the same as elsewhere—perhaps more educated. The missionary influence is felt the closer we get to civilization. Hope the next time I write it will be from the Philippines.

Capl. B. M. Brandmiller

*

September 12, 1944

Was surprised to see Bulletin delayed by incorrect address to me. Seeing my name in bulletin as follows, Capl. L. W. Weller, Camp Chaffee, Ft. Smith, Alabama, is the reason. My correct address is as follows: Capl. L. W. Weller, M.C., 1850 Service Unit, Camp Chaffee Station Hospital, Ft. Smith, Arkansas. Please correct for I enjoy getting Bulletin as soon as possible.

Capl. L. W. Weller.

*

Please change my address as shown below until further notice. Capl. Woodrow S. Hazel, 0-381726, 42nd Bomb Sq. (H), 11th Bomb Group (H), APO 247, c/o P. M. San Francisco, Cal. I am interested in becoming a member of the Society. I noticed the article concerning membership for those of us who had no opportunity to go into practice, in your June Bulletin. Dr. Bunn, I believe, will vouch for my credentials.

Capl. W. S. Hazel.

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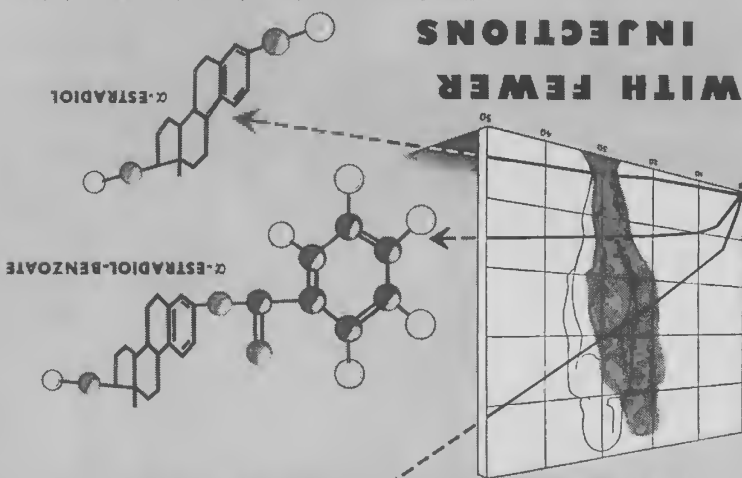
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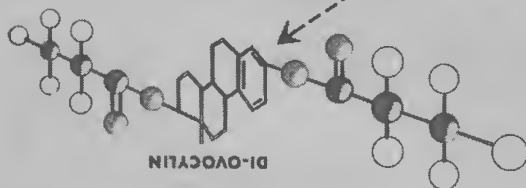
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